

Product Tracking #:

## FORM 3 – Product Information

<http://www.arb.ca.gov/consprod/regact/2006surv/2006surv.htm>Check (✓) if  
Confidential ☐

1. Full Product Name: _____			2. Company Name: _____																					
3. ARB Category Code(s) Primary Category Code: <input style="width: 60px;" type="text"/>			If applicable, Additional Category Code(s): <input style="width: 60px;" type="text"/> <input style="width: 60px;" type="text"/> <input style="width: 60px;" type="text"/> <input style="width: 60px;" type="text"/>																					
<b>4. Product Groups</b> Does this product represent a product group? <input type="checkbox"/> yes <input type="checkbox"/> no  If yes, see "Supplement to FORM 3" for instructions.		<b>5. Delivery or Packaging System</b> check (✓) one <div style="margin-top: 5px;"> <input type="checkbox"/> impregnated wipes/towels/cloths/sheets/pads  <input type="checkbox"/> pressurized aerosol container  <input type="checkbox"/> pump spray (i.e. spray/foam/liquid/trigger/tank)  <input type="checkbox"/> barrier pack or compartmentalized dispenser  <input type="checkbox"/> jar/can/tub/box/bag/drum/pourable bottle  <input type="checkbox"/> squeeze tube/squeeze bottle/cartridge  <input type="checkbox"/> other (specify): _____         </div>		<b>6. Dispensed Form</b> check (✓) one <div style="margin-top: 5px;"> <input type="checkbox"/> post-foaming gel  <input type="checkbox"/> foam/mousse  <input type="checkbox"/> liquid  <input type="checkbox"/> semisolid  <input type="checkbox"/> solid  <input type="checkbox"/> mist/dispersed spray  <input type="checkbox"/> other (specify): _____         </div>																				
<b><u>LABELS:</u></b> Submit one entire representative label for this product or product group.																								
<b>7. Relation to Product</b> check (✓) all that apply <input type="checkbox"/> Manufacturer/ Marketer <input type="checkbox"/> Distributor <input type="checkbox"/> Retailer <input type="checkbox"/> Contract Packager <input type="checkbox"/> Other (specify): _____		<b>8. Customer Type</b> – check (✓) all that apply (Provide actual or intended percentages) <div style="margin-top: 5px;"> <input type="checkbox"/> Household _____ %  <input type="checkbox"/> Commercial/ Institutional _____ %  <input type="checkbox"/> Industrial _____ %  <div style="text-align: right; margin-top: 5px;">total must = 100%</div> </div>		<b>9. Dilution Ratios</b> Per the product label, is this product sold as a concentrate and/or to be diluted? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, complete the table below. →Specify diluent here: _____ <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Product</th> <th colspan="2">Diluent</th> </tr> <tr> <th>amount</th> <th>units</th> <th>amount</th> <th>units</th> </tr> </thead> <tbody> <tr> <td>most concentrated</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>least concentrated</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Product		Diluent		amount	units	amount	units	most concentrated					least concentrated				
	Product		Diluent																					
	amount	units	amount	units																				
most concentrated																								
least concentrated																								
<b>10. Sales Data Collection Method</b> check (✓) one <input type="checkbox"/> Used CA-specific sales data <input type="checkbox"/> Estimated by prorating data Specify "national", "regional", "distribution centers" or other: _____ <input type="checkbox"/> Other collection method used (specify): _____																								
<b>11. General Information</b> <div style="margin-top: 5px;">           Is this a FIFRA registered product?    <input type="checkbox"/> yes    <input type="checkbox"/> no            Does this product contain a resin, polymer, or other film-forming compound (visible or not)?    <input type="checkbox"/> yes    <input type="checkbox"/> no            Is this an FDA regulated OTC drug?    <input type="checkbox"/> yes    <input type="checkbox"/> no            Is this product sold in a multi-pack?    <input type="checkbox"/> yes    <input type="checkbox"/> no         </div>		<b>12. 2006 California Sales Data:</b> complete for each size sold <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 20%;">Product Size (from label)</th> <th style="width: 40%;">Volume/Mass filled (specify measurement units) <i>For impregnated products, report only mass or vol. of substance applied to substrate.</i></th> <th style="width: 40%;">Number of Individual Product Units Sold (in CA in 2006)</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td></tr> </tbody> </table>				Product Size (from label)	Volume/Mass filled (specify measurement units) <i>For impregnated products, report only mass or vol. of substance applied to substrate.</i>	Number of Individual Product Units Sold (in CA in 2006)	1			2			3			4			5			
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1																								
2																								
3																								
4																								
5																								
<b>13. Comments:</b> _____																								

**LABELS:** Submit one entire representative label for this product or product group; OR check (✓) if unchanged label submitted in 2001 or 2003 Survey ☐



## Instructions: FORM 3 – Product Information

This form requests general product information, sales data, and labels for the products being reported. Complete and submit one FORM 3 for each product or product group.

**Confidential Information (in the upper right corner of all forms):** Check the box if the information is confidential. This information will be handled as described on the Confidential Information Form.

Check (✓) if  
Confidential ☐

**Product Tracking # (in the upper left corner of Forms 3 and 4):** Assign a single product tracking number for each product or product group. Enter this number into the box. For each product or product group submitted, this number should be the same on *both* FORM 3 and FORM 4, and also associated with the corresponding label. See page 49 for more information on assigning product tracking numbers.

Product Tracking #: \_\_\_\_\_

**1. Full Product Name:** Enter the full product name as shown on the principal display panel (product label).

**Notes: Product Groups** – If this is a product group, name the most representative product for the group. See page 49 for product group criteria.

**Kits** – When multiple products are sold together in one kit or package, individual components must be reported separately, according to survey categories. Include the component name in the product name.

*For example:* “ACME Office Supply Kit” includes “Permanent Markers,” “Highlighters,” and “Correction Fluid.” Each of these three components must be reported since they fit into separate categories in this survey. The full product name for the permanent markers would be “ACME Office Supply Kit; Permanent Markers.”

**2. Company Name:** Enter the name of the company that is the responsible party.

**3. ARB Category Code(s):** Enter category code from the 2006 Survey Category List. Choose the primary category code that best describes your product according to the product's principal display panel. Only list additional category codes for products that fit more than one survey category, according to their principal display panel (product label); do not list category codes for uses not displayed on this panel. See “Reporting Products” on page 49 for more details.

**4. Product Groups:** Indicate by checking “yes” or “no” if this product represents a product group. See page 49 for product group criteria. If “yes,” list the name, size, color differences, and/or fragrance differences of each product that comprises the group on the “Supplement to FORM 3.” You do not complete the “Supplement to FORM 3” if size is the only attribute used to group products. Photocopy this form as needed.

**LABELS:** See “Submitting Product Labels” on page 53.

*Continued, next column...*

**5. Delivery or Packaging System:** Check the box that describes the delivery or packaging system. If the provided options don't describe your product, indicate “other” and specify the delivery or packaging method employed.

**6. Dispensed Form:** Check the box that describes the form of this product as it is dispensed, or as it leaves the delivery or packaging system. If the options provided (see definitions below) don't describe your product or product group, indicate “other” and specify the dispensed form.

**post-foaming gel** means a semisolid that, upon being dispensed from its container, or upon contact with a surface, or as a result of exposure to body heat or the atmosphere, changes from a semisolid state to a foaming state. “Post-foaming gel” does not include substances that become foam solely from shearing action after being dispensed, such as rubbing the product on the skin or other agitation.

**Note:** Report non-foaming gels under the “semisolid” option.

**foam/mousse** means a substance that is comprised of two phases: a dispersed gas or vapor phase, and a continuous liquid phase, therein creating a mass of gaseous cells that is separated by thin films of liquid and formed by the juxtaposition of bubbles.

**liquid** means a substance or mixture of substances which is capable of a visually detectable flow as determined under ASTM D-4359-90. “Liquid” does not include powders or other materials that are composed entirely of solid particles.

**Notes:** Most impregnated wipes/towels/cloths/sheets/pads and ink dispensing products should be reported as “liquid” here. Report mist or dispersed sprays under the “mist/dispersed spray” option.

**semisolid** means a product that, at room temperature, will not pour, but will spread or deform easily, including but not limited to gels, pastes, and greases.

**Note:** Report post-foaming gels under “post-foaming gel” option.

**solid** means a substance or mixture of substances which, either whole or subdivided (such as the particles comprising a powder), is not capable of visually detectable flow as determined under ASTM D-4359-90.

**mist/dispersed spray** means a substance that, upon being dispensed, generally yields a uniform application of discrete particles or droplets.

**7. Relation to Product:** Indicate whether you are the manufacturer/marketer, distributor, retailer, and/or contract packager of this product. If these descriptions do not fit your relationship(s) to the product, check the “other” box and specify the relationship. Check all boxes that apply.

*Continued, next page...*



**Instructions: FORM 3 – Product Information (Continued)**

**8. Customer Type:** Check all boxes that indicate the customer type for which this product is intended. Also, indicate the percentage of each customer type in the blanks provided. The percentages must total 100%.

**9. Dilution Ratios:** Indicate by checking "yes" or "no" if this product is sold as a *concentrate* that requires dilution according to the product label. If "yes," list the amounts of the product and diluent, and the type of diluent, in the spaces provided. The "most concentrated" will be the highest amount of product to diluent, as specified on the product's label. "Least concentrated" will be the smallest amount of product to diluent as specified on the product's label. If a product can be used "straight" or non-diluted as well as diluted, the "least dilute" value will be 1 part product to 0 parts diluent. *Do not* use arbitrary terms such as "scoop"; specify appropriate units of measure, such as 0.25 cups. However, ratios are acceptable.

**For example:** on the label, a concentrated general purpose cleaner recommends diluting 1 part product to 1 part water for extra strength cleaning and 1 part product to 4 parts water for light cleaning. So, the diluent is water and the table would read as shown.

	Product		Diluent	
	amount	units	amount	units
most concentrated	1	part	1	part
least concentrated	1	part	4	part

**10. Sales Data Collection Method:** To specify how the quantity of products sold ("Number of Product Units Sold") in item 12 was determined, indicate which sales data was used: California-specific sales, or prorated sales data by population (see population estimates provided in Attachment C). If prorating was used, specify whether national, regional, or distribution sales data was prorated, or whether a different prorating method was used. If sales data was collected in a way other than California-specific or by prorating, check "Other Collection Method Used" and describe how sales data was collected. Use the "Comments" section, item 13, if more space is needed.

*Continued, next column...*

**11. General Information:** Indicate by checking "yes" or "no" if this product 1) is a FIFRA (Federal Insecticide, Fungicide, and Rodenticide Act) registered product, 2) contains a resin, polymer, or other film-forming compound, 3) is an Food & Drug Administration (FDA) regulated Over-the-Counter (OTC) drug (*Note: Prescription-only drugs are not covered by this survey and do not need to be reported*), or 4) is sold in a multi-pack. Answering "yes" to the last question will initiate ARB staff to contact you to ensure "Number of Individual Product Units Sold" in item 12 was reported correctly with regards to multi-pack products.

**12. 2006 California Sales Data:** Provide the sales information for this product (or combined sales for this product group) for Calendar Year 2006. **Please note that internet sales must be included.** Use the comment field (item 13) to report additional sizes, if there are more than five.

**Product Size:** List each size that this product or product group is sold in. Record the size(s) directly from the product label(s).

**Volume/Mass filled:** For each size listed, indicate the average total volume or average total mass of product actually filled into the container. You may be simply re-entering in the value from the previous column. Refer to example product #1, found in the Examples of Completed Forms, for an example of how to fill out this question.

**Specify measurement units:** Refer to Attachment D: Acceptable Measurement Units for the abbreviations that should be used to specify volume or mass.

**Barrier packs and compartmentalized containers:** report the mass or volume of product and propellant, both **inside** and **outside** the bag or **above** and **below** the piston, even if this amount does not match the product size on the label.

**Impregnated wipes/towels/cloths/sheets/pads:** report only the mass or volume of liquid (or other substance) in the impregnated substrate.

**Ink dispensing products:** report only the mass or volume of ink (or clear fluid).

**Number of Individual Product Units Sold:** List, for each size, the number of individual product units (packages, containers) sold in California during 2006. **Please note that internet sales must be included.** If this is a product group, combine the sales of the individual products within each size.

**13. Comments:** Provide any comments that will help us understand your product or how you have filled out the survey for this product.

**LABELS:** See "Submitting Product Labels" on page 53. Submit one representative product label (front and back, if any) for each FORM 3 (only one label for each product or product group). See Step III, Submitting Product Labels for further instructions on label submittal.